Illinois Council of Case Coordination Units
Post Office Box 371
Springfield, Illinois 62705

By electronic submission
January 22, 2014
Re: Draft 1115 Waiver Application

The Illinois Council of Case Coordination Units appreciates the opportunity to comment on this Draft Section 1115 Waiver Application.

The Illinois Council of Case Coordination is a membership organization consisting of 42 members. These members have been designated by the Illinois Department on Aging. Members include county health departments, visiting nurses associations, and a range of other service agencies. Together they are responsible for case coordination in every county of Illinois. Serving principally persons over 60, our goal is to assist each person assessed as eligible for nursing home placement to remain at home with appropriate community services and supports. Our typical client costs the state $10,000 per year; placement of the same person in a nursing home would be $50,000 per year. This is an obvious savings in state funds given the fact that many people in nursing homes are Medicaid eligible or soon become eligible. CCUs have been providing these assessment and care management services for over thirty years and have long-established connections in each local community.

Our comments on the draft:

General response: There are so many initiatives and transitions occurring in Illinois at this time that there are compounded challenges to helping it go smoothly without compromise to vulnerable citizens. Many of the decisions are being made quickly, therefore without time for adequate stakeholder input nor true process improvement approaches. We feel strongly that systems can be streamlined and improved by acknowledging the existing strengths in the system and build those into the initiatives, rather than redesign for the sake of redesign.

Pathway 1: Transform the Health Care Delivery System

- We support the concept of robust care coordination capabilities as Illinois and the nation transform to a healthcare delivery system that places more people under managed care programs such as MCOs. Hospitals, Mental Health Practitioners, insurance companies, and a host of healthcare professionals recognize the value of care coordination and federal law now requires that a majority of the Medicaid population be moved to managed care settings.
- As the many transitions move forward, it is important to determine which entities will be responsible for conducting intake assessments and assigning services and conducting continuing care management. It is also important to determine what the qualifications, standards and resource allocations should be. While care coordination standards in each population may be somewhat different, the basics of care coordination services should be quite similar and held to similar requirements, caseloads, etc.
- The Draft indicates "Support for training programs for staff involved in care coordination, client record monitoring, reporting and technology use." The Council supports such training and has been actively involved in developing and providing many training and educational programs in cooperation with the Department on Aging.

Pathway 2: Build Capacity of the Health Care System for Population Health Management

On page 21, the Draft indicates that the movement of several hundred thousand persons previously uninsured to Medicaid or other insurance is anticipated and it is stated that "The Path to Transformation waiver will leverage health and other public health dollars by investing in evidence-based prevention and wellness-focused strategies." The goal of leveraging various programs is a good one. We recommend, however, that any 1115 Waiver, if approved, make it clear that all participating providers of health and allied services, along with local funding sources (governmental and voluntary) will be consulted and a specific determination be made that each change will not negatively affect local funding that currently assists at risk populations or will be largely made up elsewhere. Too much change too fast risks at least

temporary, but perhaps long-term, damage to Illinois' fragile but integrated patchwork of agencies, providers, funders, and volunteers.

In addition, many of the hundreds of thousands of persons are moving from one program to MCOs or other managed care entities. In making these transitions it is important to make the process as smooth as possible. At present there are many kinks to be worked out. Some clients go from the Community Care Program to an MCO and then sometimes come back for various reasons. While technically the person should be covered for all or most of the time, service gaps and confusion can occur because the entities and providers involved cannot access or share the person's status in a timely manner.

Through all the proposed changes, we recommend maintaining a key resource in every community to navigate all the changes for each vulnerable citizen in each community, one citizen at a time. There is no other entity as capable as the Care Coordination Units throughout Illinois to provide the ground level, community integrated support for these transitions in every rural, suburban or urban community in Illinois.

Pathway 3: 21st Century Health Care Workforce

- On pages 25-30 reference is made to the supply of the healthcare workforce and development or that workforce to assure its adequacy. Care should be taken to include the array of service providers who provide community and in-home services that may not be purely medical but are an integral part of the overall healthcare system.
- Also mentioned are training and education loans and loan forgiveness. Considerable detail is provided with respect to various mainline medical professions. Other workers should also be included. One example is the social worker, often required to obtain a master's degree and incur considerable educational expense for jobs that seldom offer good salaries.

Pathway 4: LTSS Infrastructure, Choice, and Coordination

- On page 30 of the draft reference is made to coordination, choice, the MFP program, and Olmstead cases. Council members have been involved in all of these activities and support efforts to improve them all.
- The Universal Assessment Tool discussed on page 32 is so critical to a successful transition, it seems difficult to move forward without it. How can we, or anyone make sense of the many changes and new requirements, all of which will use the UAT as their hub, without actually seeing the document? We understand this tool is under development or soon will be and the sooner it can be presented to those who will use it for their input the better.
- We applaud efforts to make housing services mentioned on page 40 more available as their absence is often an important cause of institutionalization.
- We understand the concept of budget neutrality. We are not yet clear on monies anticipated to be available at least during the waiver period and how those can be used or how they will be allocated.

Illinois Council of Case Coordination Units
Submitted by its Executive Director
William L. Wheeler
217.494.6488